

State of California—Health and Human Services Agency  
**Department of Health Services**



**GRAY DAVIS**  
Governor

September 8, 2003

TO: FAMILY PACT PROVIDERS

SUBJECT: FAMILY PACT PROGRAM LETTER 03-06  
Procedure Code Changes Effective September 22, 2003

The Office of Family Planning (OFP) is sending this Program Letter to advise providers of the following Family PACT (Planning, Access, Care and Treatment) procedure code changes effective September 22, 2003. These changes are due to the implementation of the first phase of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and the 2003 updates to the *Current Procedural Terminology – 4<sup>th</sup> Edition* (CPT-4) codes.

### **HIPAA**

HIPAA mandates that standard medical code sets, including national drug codes (NDC), *International Classification of Diseases, 9<sup>th</sup> Revision, Clinical Modification* (ICD-9-CM) codes, and CPT-4 codes be used for claims transactions. HIPAA further mandates that Healthcare Common Procedure Coding System (HCPCS) Level III codes known also as local codes, interim codes, or nonstandard medical codes, be converted to national standard codes. California's code conversion will be implemented in multiple phases in the ensuing months. Family PACT Primary Diagnosis "S" codes and Education and Counseling (E&C) codes will not be changed at this time.

OFP is making code changes in concurrence with Medi-Cal in an effort to comply with federally mandated HIPAA. The Family PACT Program defers to Medi-Cal policies, codes, and claims submissions procedures, unless otherwise stated. Implementation of local code changes shared with Medi-Cal is taking place in a series of phases, some of which will extend beyond the October 16, 2003 compliance date. Therefore, it is critical



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for Family PACT providers to review their *Medi-Cal Update* bulletins beginning with June 2003, Bulletin 347, and over the coming months for detailed HIPAA billing instructions and training information.

In the first phase of HIPAA implementation, immunization service codes will be converted to the CPT-4 coding standards. In Family PACT, this impacts Hepatitis B immunization. The following procedure code changes will be in effect for dates of service on or after September 22, 2003. The policy for the deleted code applies to the replacement code in HIPAA code changes:

#### IMMUNIZATION

##### Deleted HCPCS Codes

X7088 X7094 X7100 X7914  
X7090 X7096 X7913

##### Replacement CPT-4 Codes

90743 90744 90746

ADDED MODIFIERS: -SK and -SL

Family PACT defers to Medi-Cal in the use of immunization modifiers (please refer to the August 2003 *Medi-Cal Update*, Bulletin 349).

#### **2003 UPDATES – CPT-4 CODES**

Concurrent with the HIPAA procedures code changes, Medi-Cal and Family PACT are implementing 2003 updates to CPT-4 Codes. In all of the following code changes, the policy for the deleted codes applies to the replacement codes. The following CPT-4 procedure code changes will also be implemented on September 22, 2003:

#### ANESTHESIA

##### Deleted

869

##### Replacement

00921

#### PATHOLOGY/LABORATORY

##### Deleted

85031

88144

88145

##### Replacement

85014, 85018 and 85032

For automated screening of automated thin layer preparation, see 88174 and 88175

For automated screening of automated thin layer preparation, see 88174 and 88175

Deleted CPT-4 Codes

The following are deleted codes without replacements:

85021      85022      85023      85024      85031

Added CPT-4 Codes

The following are new added codes:

85004      85032      85049

Caution: The new CPT-4 codes for hemograms are only available with S-codes that currently allow hemograms.

Added CPT-4 Codes

The following are new added codes:

88174      88175

Caution: The new CPT-4 codes for cytopathology are only available with S-codes that currently allow cytopathology.

Codes Requiring Split-Billing Modifiers

CPT-4 codes, 85004, 85032, 85049, 88174 and 88175, must be billed with the appropriate split-billing modifier, -26, -99, -TC, or -ZS.

**SUMMARY**

**The code changes will be effective for services rendered on or after September 22, 2003. There will NOT be a transition (grace) period.** Official notification and further explanation to all Family PACT providers can be found in the September 2003 bulletin of *Medi-Cal Updates* and on the Medi-Cal website located at the following address: <http://www.medi-cal.ca.gov>.

Please share this letter with all staff involved with services to Family PACT clients. You may contact Janet M. Treat, P.H.N., M.N., Chief of Clinical Services Section at (916) 650-0414 with questions or comments.

Sincerely,

[Original Signed By]

Anna Ramírez, M.P.H., Chief  
Office of Family Planning